**Appendix 3**to the procedure of implementation and reporting of curricular internships at WTiICh ZUT

Szczecin, date ...............................................

.............................................................................................................

(Name and surname)

.............................................................................................................

(Major, study year and semester)

.............................................................................................................

(Student ID number)

.............................................................................................................

(e-mail)

**Deputy Dean**

**for student affairs and education**

**WTiICh ZUT w Szczecinie**

…………..………………………………..

 I would like to ask for permission to implement my curricular internship earlier/later, \*
that is in the ........................ semester within the period of study/vacation\*.

The internship should be implemented according to the schedule during the vacation in year.................
Implementation of the internship is scheduled for the dates from .......................... to........................
in

 (Company name and address)

Justification:............................................................................................................................................

 ……………………………………………………………………..
 (Student signature)

The decision of Deputy Dean for student affairs and education:

……………………………………………………………………..

 (Date and Deputy Dean signature)

**\* delete as appropriate**